Social Skill and Self-Advocacy Goals: An IEP Study

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Abstract

The purpose of this study was to determine if self-advocacy and social skills were targeted areas of instruction on a collected sample of Individualized Education Programs (IEPs). We also measured student attendance at IEP meetings as a potential step towards self-avocation. Utilizing secondary analysis with data collected from 170 IEPs, we examined IEPs for the inclusion of social skill and self-advocacy goals as well as student attendance at the IEP. Findings indicated that while social skills and self-advocacy goals were included, many of those goals were of poor quality in target and measurability. Student attendance at the IEP was documented at an extraordinarily high rate for this sample. Discussion of these items as well as their implication for future practice is included.

Social Skill and Self-Advocacy Goals: An IEP Study

General cultural attitudes concerning the obligations of a society to its individual citizens tend to affect social attitudes concerning the education and care of individuals with exceptionalities (Winzer, 1993). The passing of the Civil Rights Act of 1965 signaled a changing of social attitudes regarding the obligations of society toward its individual citizens (Kurla, 2015). The responsibility of the government to provide an equal education to *all* citizens was questioned and, in-turn, defined, during the Civil Rights Movement. The result of this discourse was Congress' enactment of the 1975 landmark educational law, the Education for all Handicapped Children Act (Public Law 94-142), most recently reauthorized in 2004 as the Individuals with Disabilities Education Improvement Act (IDEIA). The IDEIA contains seven major principals: (1) zero reject, (2) informed consent, (3) free and appropriate public school education (FAPE), (4) non-discriminatory evaluation, (5) individualized education program (IEP), (6) least restrictive environment (LRE), and (7) due process safeguards. Of the seven principals of IDEIA,

the IEP maintains its place as the cornerstone of special education legislation in the United States (Tucker, 1998).

The IEP
Created as plans or road maps to guide instruction and the delivery of services, students IEPs are the foundation for an appropriate education (Bryant, Bryant, & Smith, 2017). The IEP is developed and implemented by a multidisciplinary IEP team. The multidisciplinary IEP team must first determine whether the student is eligible for special education services and then, after eligibility is confirmed, develop the IEP which provides the foundation for establishing the educational program for each student's unique and specialized needs (Vaughn, Bos & Schumm, 2014). Each IEP must include the following components: (a) the student's present levels of academic performance, (b) measurable annual goals, (c) special education and related services to be provided, (d) program modifications or supports, (e) explanation of the extent to which the student will not participate in the general education classroom with his/her typically developing peers, (f) statement of any individual modifications in the administration of standardized tests, (g) projected implementation date of listed services and/or modifications, (h) anticipated frequency, location, and duration of the listed services and/or modifications, (i) how the student's progress toward his/her annual goals will be measured, and (j) how the student's parent/guardian will be notified of his/her progress or lack thereof (Polloway, Patton, Serna, & Biley, 2013). Each IEP must be reviewed and revised annually (typically at the end of the school year). However, a variety of other circumstances (e.g. a change in the child's anticipated needs, the results of any reevaluation conducted, or new information provided by the parent/guardian) under which the IEP team would need to review and revise the IEP during the school year exist (Pierangelo & Giuliani, 2012). During the review and revision process, the IEP team members should (to the greatest extent possible) allow the student to assume a leadership and self-advocacy role by becoming actively involved in all decisions (Torgerson, Minor, & Hong, 2004).

Self-Advocacy
Self-advocacy (a subskill of self-determination) is defined as having four primary components: knowledge of self, knowledge of rights, communication, and leadership (Test, Fowler, Wood, Brewer, & Eddy, 2005a). The acquisition of self-advocacy skills is a major step forward in a student's ability to, (a) advocate for rights, (b) communicate needs for support, and, (c) successfully request accommodations and modifications (Pocock et al., 2002; Test et al., 2005a; Walker & Test, 2011). While the acquisition of self-advocacy skills is imperative for the success of all students, evidence suggests students with disabilities are seldom explicitly taught self-advocacy skills, even though validated methods to teach such skills are readily available (Lancaster, Schumaker, & Deshler, 2002; Test, Fowler, Brewer, & Wood, 2005b). Regardless of the cognitive ability level, students with disabilities are capable of learning and using self-advocacy skills (Dybwad & Bersani, 1996; Malian & Nevin, 2002; van-Belle, Marks, Martin, & Chun, 2006; Williams & Shoultz. 1984). Self-advocacy skills enable students with disabilities to (a) communicate their needs, (b) identify the supports to which they are entitled to, (c) select personal goals, (d) plan steps toward the personal goals, (e) assess one's progress, (f) make choices, and (g) self-monitor and self-evaluate one's behaviors (Kleinert, Harrison, Fisher, & Kleinert, 2010; Ndlovu & Walton, 2016; Swart & Greyling, 2011; Wehmeyer, Palmer, Agran, Mithaug, & Martin, 2000; Wehmeyer & Sands, 1998). Self-advocacy skills can be used to increase a student's meaningful participation in the IEP process (Cease-Cook, Test, Scroggins,

2013; Hammer, 2004; Test and Neal, 2004). Self-advocacy skills are also beneficial to transition planning (Lee, Wehmeyer, Palmer, Williams-Diehm, Davies, & Stock, 2012; McBurney, Eaton & Torunski, 2017). By involving students in their own IEP and transition plan meetings, students with disabilities can develop the critical self-advocacy skills that are necessary for success in the post-secondary world (Test et al., 2005b).

One of the core components of self-advocacy is the communication of one's knowledge of self and rights (Test et al., 2005a, p. 45). To communicate about one's self and to convey knowledge of one's rights in ways that advance better outcomes for one's future success, students must learn social skills. Targets should include social skills that support appropriate communication with others, collaboration, problem-solving, and decision-making. Specifically, communication through self-advocacy includes the subcomponents of assertiveness, negotiation, articulation, body language, use of assistive technology, persuasion, and compromise (Test et al., 2005a). Social skills instruction may be used as a pre- or co-existing area of focus for students that should enhance their ability to self-advocate.

Social Skills
Social interaction skills are critical for successful cognitive, emotional, and social development (Bellini, 2008). Social skills serve as the basis for social interaction and broadly affect all aspects of human functioning; they span nonverbal and verbal topographical domains and a multitude of environment-behavior relationships (Mayville, 2013). For many students with disabilities, deficits in adaptive behavior or in social interaction are an inherit part of their disability as defined in the eligibility criteria of IDEA (2004) (i.e., intellectual disabilities, emotional behavior disorders, autism, etc.). Effective social skill instruction should aim to generate an intrinsic interest in appropriate social interactions on the part of the individual lacking such skills (Weiss, 2013). The goal of proper social skill instruction should be to establish "social competence," a combination of adaptive behaviors and social skills (Gerenser, 2013). As the U.S. educational system continues to place an emphasis on the academic development of all students, it is important to remain cognizant of the impact of social competence on the overall development of students with and without disabilities (Rabiner, Godwin, & Dodge, 2016). This hyper focus on academic achievement and increased access to the general educational curriculum may have, as an unintended consequence, reduced the focus on self-advocacy and social interaction as a substantial area of concentration on students' IEPs. As an example, La Salle, Roach & McGrath (2013) studied 130 IEPs and found that less than 20% of IEP goals were focused on areas other than academics. IEP goals should reflect the importance self-advocacy and social interaction for students with disabilities and should be an essential component of the overall student developmental program.

However, it is not enough to simply *include* social skill goals on an IEP. Social skill goals should be selected based on its ability to positively impact a student's social competence if achieved. The focus on such goals would, thereby, positively impact the skill set necessary for the communication component of self-advocacy. While social skill instruction can be utilized to teach many of the sub-components involved in self-advocacy communication, identifying an appropriate level of assertiveness remains imperative (Espelage, Rose, & Polanin, 2015; Walton & Ingersoll, 2013). Listening, persuasion, negotiation, and compromise have all been improved through social skills instruction focused on problem solving (Filippello, Marino, & Sorrenti, L.,

2013; Wade, Stancin, Kirkwood, & Brown, 2014). Even though many of these skills are fundamental to social competence (Carter, Common, Sreckovic, Huber, Bottema-Beutel, Gustafson, & Hume, 2014; Milligan, Philips, Morgan, 2016), they are not academic content subjects (or part of the typical academic curriculum) and remain among the most elusive targets to teach. Therefore, the purpose of this study was to: (a) determine if self-advocacy and social skills were targeted areas of instruction on student's IEPs and, (b) if students were taking steps toward self-advocacy by attending their IEP meeting.

Methods

Originally, this study was used to teach graduate students how to answer a research question stemming from a literature review using basic research methodology. Nine graduate students with education or related service backgrounds were enrolled in an advanced research methods class. As a part of this class, students were required to design and implement a research study collectively with faculty supervision. The third author facilitated the shaping of a question, Institutional Review Board (IRB) procedures, construction of consent forms, description of protocols, data templates, and reliability training among students. However, the course ended immediately following data collection. The first and second authors were provided the existing anonymous data set for complete analysis. Participants, procedures and analysis are described below.

Settings & Participants

A total number of 170 electronic IEPs were accessed for data collection purposes from the schools in which the nine participants worked. Consent was provided by those schools/districts. No identifying information was collected. Each IEP was given a number. Using a template data collection sheet, graduate students collected the following: age, disability category, whether or not the student had self-advocacy goals, whether or not the student had social goals, a copy of the self-advocacy or social goal if present, whether or not the student had ever attended an IEP meeting, and if so, age at first attendance. This information was collected from 170 IEPs reflecting student ages ranging from 5-20. See Table 1 for participant information.

Table 1
Participant Demographics

DESCRIPTOR	TOTAL	PERCENTAGE
PARTICIPANTS	170	100
DISABILITY CATEGORY:		
Autism Spectrum Disorder	23	13.52
Developmental Disorder	6	.03
Emotional Behavioral Disorder	27	15.88
Hearing Impairment	2	.01
Intellectual Disorder	21	12.35
Multiple Disabilities	2	.01
Other Health Impairment	22	12.94
Specific Learning Disability	57	33.52
Speech Language Impairment	9	.05
Traumatic Brain Injury	1	.00
Comorbidity *(twice exceptional)*	42	24.70
AGE RANGE:		
Childhood (birth – 10 years)	76	44.70
Early Adolescence (10 – 13 years)	26	15.29
Adolescence (14 – 17 years)	55	32.35
Adulthood (18+ years)	13	.07
AGE DURING FIRST IEP MEETINGE:		
Childhood (birth – 10 years)	6	.03
Early Adolescence (10 – 13 years)	30	.17
Adolescence (14 – 17 years)	51	30.00
Adulthood (18+ years)	0	.00
Never Attended	83	48.82

Data Collection
The procedures for the collection of the data were overseen by the third author. Components of basic research (ethics, fidelity, reliability) were covered through course content and reviewed throughout the data collection process. This study was a project based learning tool for the nine graduate students collecting the data. The procedures were as follows. First, the course focused on the literature surrounding social skills and self-advocacy content. The scope of this literature included the definition, importance, and issues that arise with students when those skills are not a focus of instruction. Graduate students wrote literature reviews about those topics. Second, an overview of the study was provided. The research question was presented and the importance of answering that question was discussed. Next, consents were obtained to access electronic IEPs in the districts in which the nine graduate students worked. A template for data collection was provided by the course instructor along with detailed instruction on completing the template utilizing sample IEPS. Data collection procedures were as follows:

a. Access IEPs for which you have consent. Follow all district procedures for accessing IEP (sign log, etc.)
b. Give the IEP a #.
c. Complete blocks on template including age, attendance, disability category, and presence of social/self-advocacy goals
d. Copy goals identified by the graduate student as self-advocacy or social skills. Copy goals exactly as worded on the IEP.
e. Close IEP following all district procedures.
f. Submit data sheet to course instructor.

Utilizing sample IEPs along with this template, interrater reliability was calculated by the course instructor during this time to ensure students were completing the template accurately according to collection procedures. Ninety percent reliability was obtained. The third author created a locked excel file of all collected data and shared with authors one and two.

Data Analysis
Authors one and two aggregated all data by category. Data were visually inspected by category, examining initial overall representation of age range, disability category, percent of participants with social/self-advocacy goals, and percent of participants who attended their IEP. Utilizing Bellini's (2008) three critical areas enhanced by social skills instruction identified earlier (cognitive, emotional and social development) and Test et al.'s (2005a) four components of self advocacy (knowledge of self, knowledge of rights, communication, and leadership), the first and second author conducted a secondary analysis on goals collected to determine their fit within those parameters. Any goal that did not fit was moved to a non-exemplar category. Authors recalculated aggregate scores based on the results of their analysis. Reliability was determined using a constant-comparison method as described by Strauss and Corbin (1998) until 100% agreement was reached.

Results

The goal of this study was to determine if self-advocacy and social skills were targeted areas of instruction on student's IEPs and if students were taking steps toward self-advocacy by attending their IEP meeting. Of the 170 total IEPs that were examined during this study, 43 (25.2%)

contained self-advocacy goals. The identified self-advocacy goals focused on students requesting their own accommodations and modifications, and/or asking for clarification and help. Additionally, of the 170 total IEPs that were evaluated, 76 (44.7%) contained social skills goals. The listed social skills identified cognitive development, emotional development, and social development. See Table 2 for examples of social and self-advocacy goals.

Further, for this study, student participation at IEP meetings was measured by the student signature on the IEP. Eighty-six of the 170 IEPs (50%) had students with disabilities signed as an *IEP Committee Participa*nt. Forty-eight of the 170 participants were ages 16 and above. Of those 48, 97.9% (47) signed as *IEP Committee Participants*. No other data is available on the degree to which those 86 students may have attended and/or participated. Lastly, in the complete data set collected by the nine graduate student research participants, 124 goals were originally identified as social skills goals, and 58 were identified as self-advocacy goals. After a second review by the primary authors employing the established criteria for social skills and self-determination, 119 goals were identified as social skills goals, and 25 were identified as self-advocacy goals. Based on this secondary review, graduate students misidentified five social skills goals and 33 self-advocacy goals. Finally, of the 170 IEPs that were accessed for this study, 48 (28.2%) identified the coexistence of two distinct disabilities (usually termed comorbidity).

Table 2
Examples of Self-Advocacy and Social Skills Goals

GOALS	EXAMPLES
Self-Advocacy Goals	"Will communicate with teachers to seek help, clarify instructions or requirements of academic tasks, and make them aware of accommodations." "Will spontaneously seek assistance, ask for help, and seek additional information." "Will ask for assistance, and work through task completion in all academic areas." "Will communicate with teachers to seek help, clarify instructions or requirements of academic tasks, and make teachers aware of accommodations." "Will self-advocate for clarifications to complete assignments." "Will request the speaker to position herself to maximize student auditory and visual input." "Will demonstrate self-advocacy skills in order to demonstrate learning style and academic needs to the classroom teacher." "Will ask for assistance when instructions are unclear." "Will move closer to the visual in the classroom." "Will ask for larger print if needed in the general education class." "Will ask to have quiet time when overwhelmed in the classroom." "Will demonstrate self-advocacy skills in order to communicate learning style, academic and behavioral needs to the classroom teacher."

"Will demonstrate the ability to independently verbally initiate a request for an accommodation (seat change, computer usage, "time out") to a staff member."

Social Skills Goals	"Will identify situations that may lead to conflict." "Will be able to describe and apply appropriate verbal skills in a classroom setting." "Will respond with clear articulation and tone of voice." "Will improve organizational skills." "Demonstrate basic problem-solving skills in order to come to a resolution without the assistance of an adult." "Will accept changes in routine." "Will improve study skills." "Use calming strategies during an upsetting or frustrating situation." "Demonstrate a respectful and compliant attitude and behavior in class by refraining from outbursts, using profanity, or calling names." "Respond to anger or frustration in a positive manner without being physically aggressive with staff or peers." "Identify and manage feelings." "Display appropriate replacement behaviors." "Will make positive statements about qualities and accomplishments of self and others." "Accept consequences of his actions without trying to shift blame to others." "Refrain from using obscene/profane language in the classroom." "Demonstrate ability to follow class room and directions." "Attending to task without withdrawing." "Maintain appropriate eye contact when speaking to another student or teacher." "The student will keep hands to self." "Ask questions of others regarding topics initiated by self or others." "Raise hand and wait to be called on before talking aloud in a group setting."

Discussion

As previously mentioned, there was a discrepancy in the total number of goals identified by the graduate students compared to the amount totaled by the primary researchers. The five social skill goal and 33 self-advocacy goal discrepancy reflects a possible misunderstanding of identification criteria regarding both sets of goals on the part of the graduate students. This discrepancy could be due to a lack of depth in the training of the criteria and/or coverage of content for social skills and self-advocacy goals measurement.

As IEP goals represent the personal destination translated into desirable skills and behaviors that enable students to meet their educational and functional needs, the writing of quality IEP goals that set high expectations are paramount to the academic and behavioral success of students with disabilities (Sanches-Ferreira, Lopes-dos-Santos, Alves, Santos, & Silveira-Maia, 2013). Thus, special educators need to be well-versed in the construction of measurable IEP goals that reflect current special education standards. Of the 182 total IEP goals (Social Skills and Self Advocacy) collected by graduate student participants, the primary researchers identified 43 (23.6%) as unmeasurable and/or unclear. Examples of these poorly written IEP goals are: (a) "Identify and manage feelings," (b) "Attend to task without withdrawing (i.e. lying head on desk or pouting," (c) Orally respond to questions, greetings, and interactions," (d) "Make adequate decisions," and (e) "Increase ability to function appropriately within the school environment by transitioning to and with general education peers and accept changes in routine/schedule."

Also of note was the number of students that were identified with comorbidity (the diagnosis and coexistence of two separate disabilities). Comorbidity has been identified as a cause of academic underachievement in children, and has an overall negative impact on the child's educational experiences (Bandla, Mandadi, & Bhogaraju (2017). However, the total occurrence of comorbidity and the nature of the relationship between conditions has been a matter of debate in the research for quite some time (DiPasquale, 2015; Goff, Henderson, & Amico, 1992; Kendall & Clarkin, 1992; Martini, Heath & Missiuna, 1999). Studies that focus on coexisting conditions vary widely in terms of sample selection, choice of diagnostic measures or informants, and types of prevalent disorders (Barkley, 1990; Coen & Riccio, 1994; Kim, Freeman, Paparella, & Forness, 2012). The high number of IEPs in this study that identified the existence of two distinct disabilities signifies a need for an extended discussion and future research in area of special education and comorbidity.

Transition planning is required by IDEA (2004) at age 16. Attendance and participation in IEP development and transition planning are considered best practice (Landmark, et al., 2013). Attendance at a meeting is a simple step towards participation and self-advocacy. In Mississippi, transition plans are embedded in student's IEPs and planning occurs simultaneously. In the current study, 48 of the 170 participants were ages 16 and above. Of those, 97.9% (47) signed as *IEP Committee Participants*. This is markedly higher than other findings. Agran & Hughes (2008) found that only 53% of high school students attended their IEP meetings. Using National Longitudinal Transition Study data, Wagner et al., (2012) found 82.9% of students aged 15-19 attended their IEP meetings. A recent study by Cavendish and Conner (2017) used mixed methods research to examine the participation of 16 high school age (10th-12th grade) students with Learning Disabilities in their IEP process. Six (37.5%) of the 16 participated in their IEP

meetings, with only two reporting they felt their opinions were considered in the IEP process. Most interestingly, they found that the district had an informal policy not allowing students to attend if parents were not present. While initially it seems positive that 97.9% of the current study's participants attended their meetings, it may seem questionable in light of other study results and national averages. It is possible that the student was asked to sign the IEP as a participant at a different time. A more accurate measure would be to define attendance as being present at the meeting and to then observe that presence as did Cavendish and Conner (2017).

Positive outcomes are linked to student attendance and participation in IEP meetings. Student involvement in IEP development positively impacts attainment of goals and graduation rates (Cavendish, 2013; Powers et al., 2001). Martin, Marshall, and Sale (2004) connected student attendance at IEP meetings with increased focus by school personnel on student strengths rather than a more singular focus on student challenges. Additionally, they found student attendance correlated with parents reporting better understanding of the IEP.

IDEA (2004), identified best practices (Landmark et al., 2013), and improvements in student outcomes (Cavendish, 2013; Powers, Turner, Westwood, Matuszewski, Wilson, & Phillips, 2001) emphasize the need for student attendance and participation. Even so, findings are quite variable and disparate. Although 97.9% of participants signed as IEP Committee Participants, we did not observe whether or not they were actually in the meeting and, if present, their duration and/or participation in the meeting. A better measure would be to track the students' length of attendance and type of participation in the IEP meeting.

Recommendations
Based on these current findings, several recommendations are offered for teacher preparation and continuing professional development. First, the quality of the IEP social and self-advocacy goals identified throughout this study was poor. Although writing quality IEP goals seems to be included in every special education teacher preparation program, continued emphasis on the core components of those goals is necessary; particularly as those goals apply to the less frequently addressed areas of social skills instruction and self-advocacy. The quality of a goal is important. The presence of a poorly written social skills goal on an IEP will not help a student be self-determined even if he/she achieves that goal. Additional studies should be conducted to verify if this is a state specific issue, or one that is pervasive across our educational system. Efforts to ensure emphasis on IEP goals with high technical quality that lead to meaningful outcomes should be continued.

Second, including students in their IEP meeting seems a simple step for teachers to take given the positive outcomes associated with student attendance and participation. Efforts should be made in preservice/inservice teacher education programs to emphasize the necessity of student attendance and participation in IEP meetings. The development of IEPs and transition plans are naturally occurring opportunities for students with disabilities to demonstrate self-advocacy and social interaction skills. Additionally, those are the venues in which a lack of skill and an identified future focus towards the need for improvement should be addressed. Meaningful participation in those meetings is paramount to accessing self-directed outcomes. Additional research is needed to ensure IEP committees, specifically the special education teachers who facilitate those, understand the difference between signing the IEP, attending the IEP, and

participating in the IEP. Additional study would be beneficial to demonstrate the longitudinal effects of attendance and participation in IEP meetings on future adult outcomes contrasted with results of non-attendance and non-participation.

Third, masters level teachers must become leaders in the areas of social skills and self-advocacy if we are to see students make gains in those areas. Embedding stronger curricular attention to those less often prioritized areas is essential in any special education teacher preparation program. Additional study is necessary to determine how much emphasis on those areas is currently provided in teacher preparation, how that translates into the number of goals in those areas once teachers are practicing, and specific steps we can identify to improve that preservice/inservice.

Limitations
This study was limited by several factors. As previously noted, attendance at the IEP meeting was coded by the student's signature appearing on the IEP. Signing an IEP is not attendance or participation. It is possible that the student was asked to sign at a different time or was only there for part of the meeting. No data were gathered on student input into the IEP goals. Social Skills and Self-Advocacy goals were selected according to pre-determined criteria and were not often in a section titled "Social Skills" or "Self-Advocacy". It is possible that goals were missed or interpreted to fit the criteria when they may not have. No data were collected on transition plans for participants of that age. It would've been useful to identify if social interaction and self-advocacy goals were included there. We have no gender or racial/ethnic data to provide any information on whether or not there was variance along those lines.

Conclusion
The purpose of this study was to determine if self-advocacy and social skills were targeted areas of instruction on student's IEPs and students were potentially self-advocating by attending their IEP meeting. Results of the study indicated a lack of quality in self-advocacy and social skills goals reported. Additionally, findings supported an unusually high rate of attendance as measured by signatures on the IEP. The findings of this study support the need for additional research into IEP practice focusing on attendance and participation, social skills, and self-advocacy. Continued emphasis in preservice/inservice teacher training on quality goal writing as well as the inclusion of students in IEP meetings is warranted. A stronger emphasis on meaningful social skills and self-advocacy preparation for special education teachers is recommended.

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